



285 Kraft Drive  
Dalton, GA 30721  
1-800-871-3211  
Fax: 706-277-6236  
www.lexmarkcarpet.com

**CARPET CONCERN FORM Please print out and complete this form, it is required to process your claim. Fax the completed form to 706-725-8468 Attn: Sheila Chandler**

Date \_\_\_\_\_

Have you contacted anyone at Lexmark Carpet Mills, Inc. regarding this problem?  Yes  No

If yes, name of person contacted \_\_\_\_\_

When did you contact this person? \_\_\_\_\_

What were you told? \_\_\_\_\_

**GENERAL INFORMATION**

Dealer/Distributor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Consumer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SPECIFIC INFORMATION**

Lexmark Invoice# \_\_\_\_\_ Invoice Date \_\_\_\_\_ Roll# \_\_\_\_\_ Style \_\_\_\_\_

Color \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Type of Installation \_\_\_\_\_

SQ. YDS. Involved \_\_\_\_\_ Installation Date \_\_\_\_\_ Complaint Date \_\_\_\_\_

Type of Vacuum used: \_\_\_\_\_

Installation in (check one)  Rooms  Hallway  Meeting Room  Restaurant  Other

Traffic (check one)  High  Moderate  Low

Type of Pad \_\_\_\_\_ Seam Sealer \_\_\_\_\_ Power Stretcher \_\_\_\_\_

When was this condition first noticed? \_\_\_\_\_

Has the carpet been cleaned?  Yes  No If yes, how many times? \_\_\_\_\_

By whom and/or cleaning method used? \_\_\_\_\_

Is a sample of carpet and pad available?  Yes  No Can pictures be submitted?  Yes  No

Is an inspection needed?  Yes  No

Additional Comments (Why do you feel this is a manufacturing problem?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_